

Division of Behavioral Health Services

Bureau of Compliance

150 North 18th Avenue, Suite 260
Phoenix, Arizona 85007
(602) 364-4558
(602) 364-4762 FAX
Internet: www.azdhs.gov

JANET NAPOLITANO, GOVERNOR
SUSAN GERARD, DIRECTOR

To: RBHA and TRBHA CEOs, Medical Directors and Clinical Leadership

From: Margaret Russell
Bureau Chief of Policy

Laura K. Nelson, M.D.
Medical Director

Subject: **Policy Clarification: PROVIDER MANUAL SECTION 4.2, Behavioral Health Medical Record Standards**

Date: February 8, 2007

This memorandum is intended to clarify the responsibilities of Tribal and Regional Behavioral Health Authorities (T/RBHAs) and T/RBHA providers in meeting the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) policy requirements regarding documentation of behavioral health services. Specifically, providers must ensure that documentation of support and rehabilitation services for behavioral health recipients enrolled with the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) is complete to assist in Cost Effectiveness Studies (CES) conducted by DES/DDD.

When an enrolled behavioral health recipient is also enrolled with the DES/DDD Arizona Long Term Care program (DD/ALTCS), DES/DDD is required to maintain written Cost Effectiveness Studies (CES). Home and community-based services provided under the ALTCS program must be cost-effective when compared to the cost of institutional care, and it is the responsibility of DES/DDD to document this for AHCCCS.

Per the AHCCCS Medical Policy Manual Chapter 1600, placement in a home and community-based setting is considered appropriate if the cost does not exceed 100% of the net cost of institutional care and home and community-based services will meet the member's needs. DES/DDD, therefore, must carefully track service utilization for each ALTCS member.

Certain support and rehabilitation behavioral health services are included in CES completed by DES/DDD. These include: Personal Care Services, Family Support, Peer Support, Living Skills Training, Health Promotion, Psychoeducational Services (pre-job training and development), Ongoing Support to Maintain Employment, Respite, and Behavioral Health Day Programs

Behavioral Health providers are expected to maintain thorough documentation related to the type and frequency of the above behavioral health services in order for DES/DDD Support Coordinators to maintain accurate CES tracking information. Please note that this is not a new requirement. This documentation must be shared with DES/DDD Support Coordinators to assist them with their CES calculations.

Per [Provider Manual Section 4.2, Behavioral Health Medical Record Standards](#), *"the designated Clinical Liaison must ensure the development and maintenance of a comprehensive clinical record for each enrolled person"* (4.2.6-D).

In addition, progress notes must include: “documentation of the type of services provided; the date the service was delivered; duration of the service; a description of what occurred during the provision of the service related to the person’s treatment plan; the person’s response to service; and, in the event that more than one provider simultaneously provides the same service to a behavioral health recipient, documentation of reasons for the involvement of multiple providers, including the names and roles of each provider involved in the service delivery; and the number of units and amount of time spent for each service provided, consistent with the encounter submission for the service(s)” (4.2.6-E).

If the CES indicates that the cost for the above services exceeds the daily maximum rate, it is the responsibility of DES/DDD to address this issue per DES/DDD Policy No. 53 (Revised).¹ The T/RBHA is responsible for ensuring DES/DDD has accurate information needed to calculate the CES and should bill for all covered behavioral health services as the T/RBHA typically would. T/RBHAs are responsible for ensuring that mechanisms are in place for the prevention, detection and reporting of fraud or abuse. Any suspected fraud and abuse must be reported per [Provider Manual Section 7.1, Fraud and Abuse Reporting](#).

¹ http://www.de.state.az.us/ddd/downloads/policyproc_docs/Administrative%20directives.doc#CES